



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

Exposure Badges for the Radiology Department

Effective Date: March 15, 2017

Policy #: RD-01

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- I. PURPOSE:** To identify methods for preventing over exposure to ionizing radiation.
- II. POLICY:** All radiology personnel who apply ionizing radiation are required by law to wear a film badge at all times in the Montana State Hospital radiology department.
- III. DEFINITIONS:**
 - A. Film Badge: Personal dosimeter used for monitoring cumulative radiation dose due to ionizing radiation.
 - B. Registered Radiology Technologist (RT)/Radiology Manager: current American Registry of Radiologic Technologists (ARRT) and State of Montana license holder under contract to provide services to MSH.
 - C. Limited Permit Technologist (LPT): current State of Montana limited permit radiology technologist license.
- IV. RESPONSIBILITIES:**
 - A. Radiology Staff: will wear a film badge at all times while in the radiology department.
 - B. Contract Radiology Manager (Registered Radiology Technologist) oversees monthly change of badge(s) and ensures previous month's badge(s) and control badge are forwarded to the film company.
- V. PROCEDURE:**
 - A. Badges are to be worn on the collar of the uniform and/or laboratory coat at all times. If the RT or LPT is pregnant, she must wear two (2) film badges; one to be worn on the collar, and one to be worn at the waist under the lead apron.
 - B. The department manager will ensure the film badge(s) are changed monthly and the previous month's badge(s) are sent to Landauer Inc. in the return mailer provided by the company along with the control badge.
 - C. All reports from Landauer Inc., current and five years past, will be kept in file of all radiation exposed personnel. These reports will be kept in.
 - D. Address of film company:
Landauer Inc.
2 Science Rd.
Glenwood, Illinois 60425-1586
- VI. REFERENCES:** None.

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- VII. COLLABORATED WITH:** Limited Permit Technologist; Associate Director of Nursing, Medical Director; Registered Radiology Technologist; and Radiologist.
- VIII. RESCISSIONS:** None, new policy.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director
- XII. ATTACHMENTS:** None.

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Jay Pottenger Date
Hospital Administrator

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Thomas Gray, M.D. Date
Medical Director